

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: March 13, 2007

Signature:

(Lisa Adams)

Docket No.: 101896-244  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Darrel Brodke et al.

Application No.: 10/708,881

Confirmation No.: 2880

Filed: March 30, 2004

Art Unit: 3732

For: DOUBLE LEAD BONE SCREW

Examiner: A. Ramana

**PETITION TO ADD AN INVENTOR PURSUANT TO 37 C.F.R. § 1.48(a)**

03/20/2007 HBELETE1 00000003 10708881

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

01 FC:1464

130.00 OP

Sir:

DePuy Spine SARL, as owner of record of all title, right, and interest in the above-identified application, hereby petitions the Commissioner to amend the above-identified application by adding the name of inventor Missoum Moumene, a citizen of the United States, whose residence is 120 Forest Avenue, Newton, Massachusetts 02467.

This petition is submitted in accordance with 37 C.F.R. §1.48(a)(1) to convert the above identified application of Darrel Brodke, G. Kris Kumar, and Michael Varieur to an application of Darrel Brodke, G. Kris Kumar, Michael Varieur, and Missoum Moumene. Applicants submit that the four individuals are actual inventors of the invention described and claimed in the application.

Accompanying this petition is a statement by the omitted inventor, Missoum Moumene, stating the omission was made through error without any deceptive intention, and an executed Declaration and Power of Attorney by the actual inventors, Darrel Brodke, G. Kris Kumar, Michael Varieur, and Missoum Moumene, as required under 37 C.F.R. §1.48(a)(2) and 3).

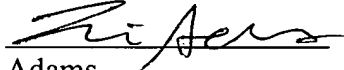
A check in the amount of \$130.00 for the fee set forth in 37 C.F.R. §1.17(i) is submitted herewith, as required under 37 C.F.R. §1.48(a)(4).

Also submitted herewith is the written consent of the assignee of record to the requested inventorship correction, as required under 37 C.F.R. §1.48(a)(5).

Applicant submits that the foregoing documents meet the requirements of 37 C.F.R. §1.48(a). Accordingly, the correction of inventorship from Darrel Brodke, G. Kris Kumar, and Michael Varieur to an application of Darrel Brodke, G. Kris Kumar, Michael Varieur, and Missoum Moumene as the actual inventors is respectfully requested.

Dated: March 13, 2007

Respectfully submitted,

By:   
Lisa Adams  
Registration No.: 44,238  
NUTTER MCCLENNEN & FISH LLP  
World Trade Center West  
155 Seaport Boulevard  
Boston, Massachusetts 02210-2604  
(617) 439-2550  
(617) 310-9550 (Fax)  
Attorney for Applicant



|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |  | Application Number       | 10/708,881-Conf. #2880 |
|   |  | Filing Date              | March 30, 2004         |
|   |  | First Named Inventor     | Darrel Brodke          |
|   |  | Examiner Name            | A. Ramana              |
|   |  | Art Unit                 | 3732                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 101896-0244            |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | <b>130.00</b>          |

|   |  |
|---|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None  |
| <input type="checkbox"/> Other (please identify): _____   |  |
| <input type="checkbox"/> Deposit Account  | Deposit Account Number: <b>141449</b>  |
| Deposit Account Name: <b>Nutter McClennen &amp; Fish LLP</b>  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)      |  |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                              |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                   |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                    |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                    |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                   |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>   |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| 30 - 30 =   |                     | x   | =                  |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>  |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                       |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| 3 - 3 =   |                     | x   | =                  |                      |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| - 100 =   | /50                 | (round up to a whole number) x                          | =                  |                      |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Other (e.g., late filing surcharge): <b>Petition to Add Inventor</b>  |                     |   |                    |                      |                                  | 130.00                |                       |

|                     |            |                                   |                |
|---------------------|------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |            |                                   |                |
| Signature           |            | Registration No. (Attorney/Agent) | 44,238         |
| Name (Print/Type)   | Lisa Adams | Telephone                         | (617) 439-2000 |
|                     |            | Date                              | March 13, 2007 |

|   |                          |
|---|--------------------------|
| <b>Fee Transmittal</b>  |                          |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                          |
| Dated: March 13, 2007   | Signature:  (Lisa Adams) |



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DOUBLE LEAD BONE SCREW**

the specification of which was filed on March 30, 2004 as Application No. 10/708,881.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

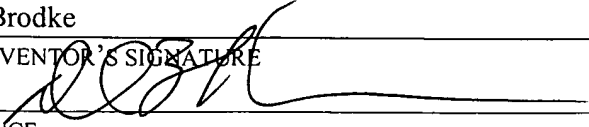
I hereby appoint all practitioners at Customer Number 021125, all of Nutter McClennen & Fish LLP, World Trade Center West, 155 Seaport Boulevard, Boston, Massachusetts 02210-2604, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

Please mail all correspondence to Lisa Adams at **Customer Number 021125**, whose address is:


Nutter McClennen & Fish LLP  
World Trade Center West  
155 Seaport Boulevard  
Boston, Massachusetts 02210-2604

Please direct telephone calls to: Lisa Adams at (617) 439-2550.

Please direct facsimiles to: (617) 310-9550

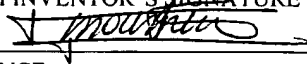
|   |                  |
|---|------------------|
| FULL NAME OF FIRST INVENTOR<br>Darrel Brodke  |                  |
| FIRST INVENTOR'S SIGNATURE<br> | DATE<br>12/12/06 |
| RESIDENCE<br>Salt Lake City, Utah   |                  |
| Citizens US   |                  |
| MAILING ADDRESS<br><br>4275 Parkview Dr.<br>Salt Lake City, Utah 84124  |                  |

[SIGNATURES CONTINUED ON NEXT PAGE]

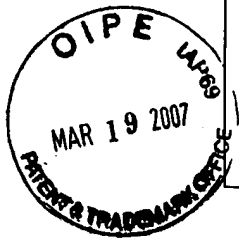
|  |                     |
|--|---------------------|
| FULL NAME OF SECOND INVENTOR<br>G. Kris Kumar  |                     |
| SECOND INVENTOR'S SIGNATURE<br> | DATE<br>19-DEC-2006 |
| RESIDENCE<br>Pleasanton, California  |                     |
| CITIZENSHIP      US  |                     |
| MAILING ADDRESS<br><br>5737 Stonecliff Vista Lane<br>Pleasanton, CA 94566  |                     |

[SIGNATURES CONTINUED ON NEXT PAGE]

|   |                  |
|---|------------------|
| FULL NAME OF THIRD INVENTOR<br>Michael Varieur                                      |                  |
| THIRD INVENTOR'S SIGNATURE<br><i>Michael Varieur</i>                                | DATE<br>8-JAN-07 |
| RESIDENCE<br>Portsmouth, Rhode Island   |                  |
| CITIZENSHIP      US   |                  |
| MAILING ADDRESS<br><br>263 Rhode Island Boulevard<br>Portsmouth, Rhode Island 02871 |                  |

|  |                  |
|--|------------------|
| FULL NAME OF FOURTH INVENTOR<br>Missoum Moumene  |                  |
| FOURTH INVENTOR'S SIGNATURE<br> | DATE<br>02-15-07 |
| RESIDENCE<br>Newton, Massachusetts   |                  |
| CITIZENSHIP      US  |                  |
| MAILING ADDRESS<br><br>120 Forest Avenue<br>Newton, Massachusetts 02467  |                  |

1584533.1



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Dated: 3/13/07 Signature: [Signature]  
(Lisa Adams)

Docket No.: 101896-244  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Darrel Brodke et al.

Application No.: 10/708,881

Filed: March 30, 2004

For: DOUBLE LEAD BONE SCREW

Confirmation No.: 2880

Art Unit: 3732

Examiner: A. Ramana

**STATEMENT OF MISSOUM MOUMENE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

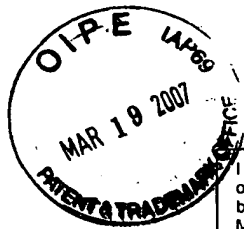
Sir:

I, **Missoum Moumene**, understand that I was not originally named as an inventor of the above-referenced application, and that I am now being added as an inventor. This error in omitting me as an inventor occurred without any deceptive intent on my part.

Dated: 02-15-07

[Signature]

**Missoum Moumene**



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 3/13/07

Signature:

(Lisa Adams)

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In re Patent Application of:  
Darrel Brodke et al.

Application No.: 10/708,881

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For: DOUBLE LEAD BONE SCREW

Confirmation No.: 2880

Art Unit: 3732

Examiner: A. Ramana

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**ASSIGNEE CONSENT TO CORRECT INVENTORSHIP UNDER 37 C.F.R. 1.48**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

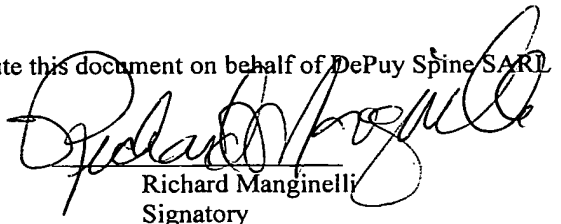
Sir:

DePuy Spine SARL, as owner of record of all title, right, and interest in the above-identified application, hereby consents to the addition of Missoum Moumene as an inventor in the above-referenced patent application. DePuy Spine SARL Inc. is the owner of record of all title, right, and interest in the above-referenced patent application by virtue of an assignment from inventors to DePuy Spine SARL, which was recorded in the U.S. Patent and Trademark Office on June 29, 2004, at Reel 015507, Frame 0577.

The undersigned is fully authorized to execute this document on behalf of DePuy Spine SARL.


2/27/07

Date

  
Richard Manginelli  
Signatory

February 20th, 2007

Date

  
Stephan Siemers  
Signatory



## **Supplemental Application Data Sheet**

### **Application Information**

|                                  |                        |
|----------------------------------|------------------------|
| Application number::             | 10/708,881             |
| Filing Date::                    | 03/30/04               |
| Application Type::               | Regular                |
| Subject Matter::                 | Utility                |
| Suggested Group Art Unit::       | 3732                   |
| CD-ROM or CD-R?::                | None                   |
| Sequence submission?::           | None                   |
| Computer Readable Form (CRF)?::  | No                     |
| Title::                          | DOUBLE LEAD BONE SCREW |
| Attorney Docket Number::         | 101896-0244            |
| Request for Early Publication?:: | No                     |
| Request for Non-Publication?::   | No                     |
| Suggested Drawing Figure::       | Fig. 1                 |
| Total Drawing Sheets::           | 3                      |
| Small Entity?::                  | No                     |
| Petition included?::             | No                     |
| Secrecy Order in Parent Appl.?:: | No                     |

### **Applicant Information**

|                                  |                |
|----------------------------------|----------------|
| Applicant Authority Type::       | Inventor       |
| Primary Citizenship Country::    | US             |
| Status::                         | Full Capacity  |
| Given Name::                     | Darrel         |
| Family Name::                    | Brodke         |
| City of Residence::              | Salt Lake City |
| State or Province of Residence:: | UT             |
| Country of Residence::           | US             |

Street of mailing address:: 4275 Parkview Dr.  
City of mailing address:: Salt Lake City  
State or Province of mailing address:: UT  
Postal or Zip Code of mailing address:: 84124

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: G.  
Middle Name:: Kris  
Family Name:: Kumar  
City of Residence:: Raynham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 73 Parkwood Dr.  
City of mailing address:: Raynham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02767

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: S.  
Family Name:: Varieur  
City of Residence:: Portsmouth  
State or Province of Residence:: RI  
Country of Residence:: US  
Street of mailing address:: 263 Rhode Island Boulevard  
City of mailing address:: Portsmouth

State or Province of mailing address:: RI  
Postal or Zip Code of mailing address:: 02871

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Missoum  
Family Name:: Moumene  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 120 Forest Avenue  
City of mailing address:: Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02467

### **Correspondence Information**

Correspondence Customer Number:: 021125

### **Representative Information**

Representative Customer Number:: 021125

### **Assignee Information**

Assignee name:: DePUY SPINE SARL  
Street of mailing address:: Chemin Blanc 36  
City of mailing address:: Le Locle  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: Ch-2400